Name in Full: Robert Lee Adkins

CERTIFICATE OF DEATH

MARYLAND

Died ~~at~~ near — Town: Salisbury — County: Wicomico

Date of death	Month	Day	Age Years	Months	Days
1904	Oct.	13th	1	11	6

Sex: Male — Color or Race: white — Birthplace: near Salisbury Md.

Occupation: ~~~~ — Where Residing if not at place of death: At Fathers Home

Married, Single or Widowed: Single — Name of Wife or Husband: ~~~~

Father's Name: William H. Adkins — Father's Birthplace: Wicomico Co. Md.

Mother's Maiden Name: Lavenia Hastings — Mother's Birthplace: " " "

Name of person giving Information: William H. Adkins — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pernicious Anaemia — How long: 1 Year

Immediate: Exhaustion — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. W. Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Irvin W. T. Casey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shad Point — County: Wicomico

Date of death: Month: Oct. — Day: 31 — 1904

Age: Years: 64 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Ship Carpenter — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Sarah E. Casey

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Charles W. Turner — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nepro-Lithiasis — How long: 6 months

Immediate: Uraemia - Coma — How long: 10 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis W. Morris M.D.

Address: Salisbury Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A83816

Name in Full: Horatio N. Crawford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Green Hills; County: Wicomico

Date of death: 1904 October 7; Age: 81 Years

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male; Color or Race: White; Birthplace: Quantico

Occupation: Farmer; Where Residing if not at place of death: Green Hill Md

Married, Single or Widowed: Widower; Name of Wife or Husband: Elizabeth A. Crawford

Father's Name: Henry Crawford; Father's Birthplace: Scotland

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Mother's Maiden Name: Nelson; Mother's Birthplace: Quantico

Name of person giving Information: Wm. H. H. Dashiell; How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Liver and Bowel Trouble; How long: 2 months

Immediate: Same causing Extreme Debility; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm H H Dashiell

Address: Quantico Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Kyrs Crouch

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Salisbury (County) Wicomico

Date of death: Month Oct 19 Day; Year 1904

Age: Years 9 Months Days

Sex: Male

Color or Race: White

Birthplace: Wicomico Co. Md.

Occupation:

Where Residing if not at place of death: at his Fathers Home

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: James Crouch *

Father's Birthplace: Md.

Mother's Maiden Name: Indiana Taylor

Mother's Birthplace: "

Name of person giving information: James Crouch Jr.

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis from typhoid fever — How long: 6 weeks

Immediate: Convulsions (uremic) — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. McA. Smith.

Address: Salisbury Md

Accident or Suicide? No.

LIBRARY BUREAU A88518

Name in Full: Edward Ellis Davis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1902	Month: Oct	Day: Saturday 17th	Age: 85	Months: 2	Days: 7
Sex: Male	Color or Race: White			Birthplace: Salisbury	
Occupation: Farmer		Where Residing If not at place of death: Salisbury			
Married, Single or Widowed: Married		Name of Wife or Husband: Sarah Eliza Davis			
Father's Name: Charles Davis				Father's Birthplace: Salisbury	
Mother's Maiden Name: Mary Ellis				Mother's Birthplace: Salisbury	
Name of person giving Information: Mrs C. M. Gilgannon				How related to deceased: Daughter	

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemiplegia		How long: 5 days
Immediate: Cerebral Hemorrhage		How long:
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: F. M. Stevens M. D.	
	Address: [redacted]	
Accident or Suicide?		

LIBRARY BUREAU A66616

Name in Full: Mary Dennis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Decatur — County: Worcester

Date of death 1904 — Month: Oct — Day: 11 — Years: Age 4 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Sharptown

Occupation: none — Where Residing if not at place of death: Decatur Md

Married, Single or Widowed: Single — Name of Wife or Husband: none

Father's Name: Algie Dennis — Father's Birthplace: Don't know

Mother's Maiden Name: Twiford — Mother's Birthplace: Sharptown

Name of person giving Information: Wm H H Dashiell — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cold — How long: 1 week

Immediate: Membranous Croup — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm H H Dashiell

Address: Decatur Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Willie Dickerson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Osterville (County) Worcester

Date of death: Month Oct, Day 22, 1904

Age: Years 49, Months 10, Days 5

Sex: Female

Color or Race: White

Birthplace: Nanticoke

Occupation: Housewife

Where Residing if not at place of death: "

Married, ~~Single~~ or ~~Widowed~~

Name of ~~Wife or~~ Husband: Samuel T. Dickerson

Father's Name: Wm D. Heath

Father's Birthplace: Worcester Co

Mother's Maiden Name: Elizabeth

Mother's Birthplace: Worcester Co

Name of person giving In formation: Geo W Heath

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia 27

How long

Immediate: Intermittent

How long: Several Months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. J. H. Lankford

Address: White Haven Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Amanda Disharoon

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Salisbury — County: Wicomico — MARYLAND

Date of death 1904 — Month: Oct. — Day: 10 — Age — Years: 84 — Months: 3 — Days: 27

Sex: Female — Color or Race: White — Birthplace: Somerset Co. Md.

Occupation: Housekeeper — Where Residing if not at place of death: in Salisbury Md.

Married, Single or Widowed: Widowed — Name of Wife or Husband: William H. Disharoon

Father's Name: Peter D. Taylor — Father's Birthplace: Somerset Co. Md.

Mother's Maiden Name: Mattie Mills — Mother's Birthplace: " " "

Name of person giving information: Mary E. Taylor — How related to deceased: Cousin

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmities of Age — How long: Several Years

Immediate: Diarrhea & Malnutrition — How long: for Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. M. Clemons M.D.

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Sarah Dixon

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Quantico — County: Wicomico

Date of death: 1904 — Month: Oct — Day: 12 — Age: Years: Infant — Months — Days

Sex: Female — Color or Race: Negro — Birthplace: Quantico

Occupation: none — Where Residing if not at place of death: Quantico Md

Married, Single or Widowed: Single — Name of Wife or Husband: none

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Dixon — Father's Birthplace: Quantico

Mother's Maiden Name: Gale — Mother's Birthplace: Quantico

Name of person giving information: James Dixon — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cold — How long

Immediate: Croup — How long: 1 week

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Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. H. H. Washington

Address: Quantico Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Thelma E. Estes Fletcher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stad. Point | County: Wicomico

Date of death 1904: Month: Oct | Day: 8 | Years: Age | Months: 3 | Days:

Sex: Female | Color or Race: White | Birthplace: Stad. Point

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: | Name of Wife or Husband:

Father's Name: Wade H. Fletcher | Father's Birthplace: Dogles Island

Mother's Maiden Name: Susie M Gibble | Mother's Birthplace: Stad. Point

Name of person giving In formation: W. H. Fletcher | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 179. | How long:

Immediate: | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dis. of Women

Address: Stad. Md.

Accident or Suicide?

LIBRARY BUREAU A89816

They had no Physician to visit the child.
she was very feeble from birth, but I
dont know the primary or immediate
cause of her death.

Geo. C. Hill
Undertaker
Salisbury
Md.

Name in Full: Millie A. Lyday

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Salisbury — County: Wicomico

Date of death 1907: Month: Oct — Day: 1 — Age: Years: 28 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of ~~Wife~~ or Husband: John Lyday

Father's Name: Robert — Father's Birthplace: Md

Mother's Maiden Name: Elonora Collins — Mother's Birthplace: Md

Name of person giving In formation: Elonora Johnson — How related to deceased: Md

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary tuberculosis — How long: 3 years

Immediate: Septic exhaustion 27 — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. E. Gordon

Address: Salisbury, Md

Accident or Suicide? No

LIBRARY BUREAU A88616

Name in Full: Esther A Larmore

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Nanticoke. County: Wicomico

Date of death: Oct 25 1904 Month: Oct Day: 25. Age: 42 Months: Days: 7

Sex: female Color or Race: White Birthplace: Wicomico Co

Occupation: Housekeeper Where Residing if not at place of death: at place of death

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: George Larmore Father's Birthplace: Maryland

Mother's Maiden Name: Mary J Walter Mother's Birthplace: Nanticoke

Name of person giving information: R D Wilkins 106 How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: How long:

Immediate: Inflamation Stomach & Bowels How long: 2 Months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. H. Lankford

Address: White Haven

Accident or Suicide:

LIBRARY BUREAU A888I6

Hymn
S.S. Walker

Name In Full

Certificate of Death

Mabel Parker

Died at Town: Pittsville County: Wicomico MARYLAND

Date 1904 Month: Oct Day: 29 | Age Y. M. D. | Native of: Md. | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 1

~~Husband~~ Wife of Fred Parker

Father's Name: Geo P. Campbell Mother's Name

Cause of Death: Primary: Phthisis (27) How long sick: 3 years

Immediate ~~Accident, Suicide, Homicide~~

Reported by L. C. Freeny M.D.

Address Pittsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70-1158

Name in Full: Peter T. Parsons

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City — County: Howard

Date of death 1904	Month	Day	Age: Years	Months	Days
	10	17	79	5	26

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Farming — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: Garland

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm H Parsons — Father's Birthplace: Md

Mother's Maiden Name: Mary Burdekell — Mother's Birthplace: Md

Name of person giving Information: D. R. Parsons — How related to deceased: Son

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D H Collins

Address:

Accident or Suicide?

LIBRARY BUREAU A335.6

Name in Full: Winifred Polk

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Allen's — County: Wic

Date of death: 1904 — Month: 10 — Day: 10 — Age: Years 6 — Months 2 — Days 16

Sex: Male — Color or Race: Negro — Birthplace: Allens

Occupation: — Where Residing if not at place of death:

~~Married, Single or Widowed~~ — ~~Name of Wife or Husband~~

Father's Name: Thos E Polk — Father's Birthplace: Wic

Mother's Maiden Name: Alice King — Mother's Birthplace: Wic

Name of person giving information: Thos E Polk — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart and Kidney Trouble — How long: 3 or 4 months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J D Long

Address: Allens

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Dawn L. Self

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death 1901 — Month: Oct — Day: 18 — Age: Years 6 — Months 10 — Days 7

Sex: Female — Color or Race: White — Birthplace: Ohio

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: James T Self — Father's Birthplace: Ohio

Mother's Maiden Name: Alice Perkins — Mother's Birthplece: Ohio

Name of person giving In formation: James T Self — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hypertrophy of the Heart — How long

Immediate: Combined Valvular Lesion — How long

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: James Brayshaw

Address: Delmar Delaware

Accident or Suicide?

LIBRARY BUREAU A33516